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**POWER OF ATTORNEY  
and  
CORRESPONDENCE ADDRESS  
INDICATION FORM**

Application Number	10/598,310
Filing Date	August 24, 2006
First Named Inventor	Joseph A. Luongo
Title	"Device And Methods..."
Art Unit	TBD
Examiner Name	TBD
Attorney Docket Number	W-392-02

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

 Practitioners associated with the Customer Number: 43840

OR

 Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

 The address associated with the above-mentioned Customer Number:  
 OR

 The address associated with Customer Number: 43840  
 OR

<input type="checkbox"/> Firm or Individual Name			
Address			
City	State	Zip	
Country			
Telephone	Email		

I am the:

- Applicant/Inventor.
- Assignee of record of the entire interest. See 37 CFR 3.71.  
*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)*

**SIGNATURE of Applicant or Assignee of Record**

Signature	<i>J.A.Luongo</i>	Date	10/4/06
Name	Joseph A. Luongo	Telephone	508-478-2000
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

 \*Total of \_\_\_\_\_ forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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**SIGNATURE of Applicant or Assignee of Record**

Signature	<i>John Angelosanto</i>	Date	<i>10/4/06</i>
Name	John Angelosanto	Telephone	
Title and Company			

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**SIGNATURE of Applicant or Assignee of Record**

Signature	<i>Frank A. Rubino</i>	Date	09/28/06
Name	Frank Rubino	Telephone	508-478-2000
Title and Company			

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**SIGNATURE of Applicant or Assignee of Record**

Signature	<i>Richard R. Venable</i>	Date	<i>12/14/06</i>
Name	Richard R. Venable	Telephone	
Title and Company			

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City

State

Zip

Country

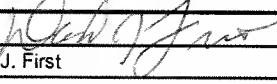
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**SIGNATURE of Applicant or Assignee of Record**

Signature		Date	12-14-2006
Name	David J. First	Telephone	
Title and Company			

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Signature	<i>Stanley P. Pensak, Jr.</i>	Date	<i>12/12/06</i>
Name	Stanley P. Pensak, Jr.	Telephone	508-478-2000
Title and Company			

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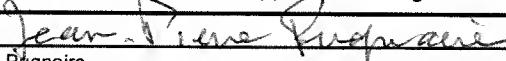
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Signature		Date	12/13/06
Name	Jean-Pierre Pugnaire	Telephone	
Title and Company	VP DI INSTRUMENTS		

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